



CAFE RESERVATION APPLICATION

1201 N 1100 W
West Bountiful, UT 84087
Phone: (801) 295-1019
Fax: (801) 294-5140
www.wbcity.org

APPLICANT NAME (Primary Contact over 21): _____

NAME OF GROUP, IF APPLICABLE: _____

ADDRESS OF ABOVE: _____

PHONE(s): _____ EMAIL: _____

PURPOSE OF RESERVATION: _____

FEES: Deposit - \$150.00 (refundable, after inspection, if left clean and undamaged)
Rental - \$50.00 for residents, \$100.00 per hour for non-residents

RESERVATION DATE: _____ TOTAL HOURS REQUESTED: _____

TIME TO BEGIN SET-UP: _____ TIME CLEAN-UP TO BE COMPLETE: _____

TIME ACTIVITY TO BEGIN: _____ TIME ACTIVITY TO END: _____

REFRESHMENTS TO BE SERVED: _____

SPECIAL REQUIREMENTS/REQUESTS: _____

I certify that I have reviewed the West Bountiful City Facility Use Policy and I agree to the terms and conditions listed therein. I understand that if damage to the building or its contents exceeds the deposit, I will pay the total costs of required cleaning or repairs. I agree to indemnify, hold harmless, and reimburse West Bountiful City with respect to all claims, damages, suits, attorney fees, and other expenses which may arise due to personal injury or property damage suffered or incurred in connection with or incident to the use of the facilities by the applicant. I certify that the above information is true and correct to the best of my knowledge.

Date: _____ Applicant Signature: _____

FOR OFFICIAL USE ONLY

Application Received date: _____
Fee/deposit paid date: _____

Reservation Approved/initials: _____
Fee/deposit paid amount: _____

Inspection date/time: _____
Deposit refund authorized: _____
Deposit check issued date: _____

Inspected by: _____
Deposit refund amount: _____
Deposit mail/hand-delivered date: _____